

GED Testing Program Surveillance Log

DATE OF TESTING:

CHIEF/ALTERNATE EXAMINER NAME:	EXAMINER/PROCTOR NAME:
EXAMINER/PROCTOR NAME:	EXAMINER/PROCTOR NAME:
EXAMINER/PROCTOR NAME:	EXAMINER/PROCTOR NAME:

	LANGUAGE ARTS, WRITING 2 HOURS			MATHEMATICS 90 MINUTES			
	PART I: 75 MINUTES		PART II: 45 MINUTES	PART I: 45 MINUTES		PART II: 45 MINUTES	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	TOPIC CARD SERIAL # (IF APPLIES)	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN		TIME OUT	TIME IN	TIME OUT	TIME IN
				CALCULATOR TIME OUT:		CALCULATOR TIME IN:	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	TOPIC CARD SERIAL # (IF APPLIES)	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN		TIME OUT	TIME IN	TIME OUT	TIME IN
				CALCULATOR TIME OUT:		CALCULATOR TIME IN:	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	TOPIC CARD SERIAL # (IF APPLIES)	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN		TIME OUT	TIME IN	TIME OUT	TIME IN
				CALCULATOR TIME OUT:		CALCULATOR TIME IN:	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	TOPIC CARD SERIAL # (IF APPLIES)	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN		TIME OUT	TIME IN	TIME OUT	TIME IN
				CALCULATOR TIME OUT:		CALCULATOR TIME IN:	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	TOPIC CARD SERIAL # (IF APPLIES)	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN		TIME OUT	TIME IN	TIME OUT	TIME IN
				CALCULATOR TIME OUT:		CALCULATOR TIME IN:	
NAME (ID#, SEAT ASSIGNMENT)	FORM	SERIAL #	TOPIC CARD SERIAL # (IF APPLIES)	FORM	SERIAL #	FORM	SERIAL #
	TIME OUT	TIME IN		TIME OUT	TIME IN	TIME OUT	TIME IN
				CALCULATOR TIME OUT:		CALCULATOR TIME IN:	

